

Case Number:	CM14-0168317		
Date Assigned:	10/15/2014	Date of Injury:	09/05/2013
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; opioid therapy; and epidural steroid injection therapy. In a Utilization Review Report dated September 30, 2014, the claims administrator retrospectively approved a request for Naprosyn, partially approved a request for Tramadol, denied a request for Omeprazole, and denied a request for Terocin. The claims administrator suggested that the applicant was off of work, on total temporary disability. The applicant's attorney subsequently appealed. In a work status report dated September 18, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation, which the attending provider suggested the applicant's employer was unable to accommodate. In a progress note dated May 29, 2014, the applicant was described as off of work, on total temporary disability, with ongoing complaints of low back pain. On August 12, 2014, the attending provider sought authorization for epidural steroid injection therapy, noting that the applicant had failed less invasive measures. There was no discussion of medication selection or medication efficacy. On July 1, 2014, the applicant continued to report 7/10 low back pain. The epidural steroid injection therapy was again sought, again with no mention of medication selection or medication efficacy. In a medical-legal evaluation dated April 29, 2014, the medical-legal evaluator noted that the applicant reported low back pain, 6 to 7/10, ongoing. In a June 3, 2014, progress note, the applicant was seemingly given prescriptions for Naprosyn, Prilosec, Terocin, and Ultram. It was stated that the applicant would remain off of work, on total temporary disability on the grounds that his employer was unable to accommodate his limitations. There was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro: Omeprazole 20mg #90, DOS 5/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the attending provider's progress notes made no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Retro: Terocin Patch #10, DOS 5/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics and Topical Compounds such as Terocin are deemed "largely experimental." In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of largely experimental and topical agents such as Terocin. Therefore, the request was not medically necessary.

Retro: Tramadol Extended-release 150mg #60 DOS: 5/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was off of work, on total temporary disability, despite ongoing usage of Tramadol. The attending provider failed to recount any material improvements in

function or quantifiable decrements in pain achieved as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.